



RCE  
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|---|----------------------|-----------------|
| <b>REQUEST<br/>FOR<br/>CONTINUED EXAMINATION (RCE)<br/>TRANSMITTAL</b><br><br>Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000,<br>provides for continued examination of an utility or plant application<br>filed on or after June 8, 1995.<br>See The American Inventors Protection Act of 1999 (AIPA). | Application Number   | 10/531,441      |
|   | Filing Date*         | Apr. 14, 2005   |
|   | First Named Inventor | Thomas Frohlich |
|   | Group Art Unit       | 2855            |
|   | Examiner Name        | H. R. Patel     |
|   | Attorney Docket No.  | FROH3003/FJD    |

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.  
**NOTE:** \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

- ☒ a. The Amendment/Reply filed on October 9, 2007.
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The arguments in the Brief/Reply Brief filed on (date):
- ☐ d. The \_\_\_ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- ☐ e. Other:

☒ 2. A ONE month Petition for Extension of Time is filed herewith and fee of \$460

☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.

☒ 4. A check in the total amount of \$ 1270 is submitted herewith.

☐ 5. This Request is transmitted by facsimile to number (703) \_\_\_\_\_.

☐ 6. Other:

|   |                     |   |  |  |  |  |          |
|---|---------------------|---|--|--|--|--|----------|
| THE RCE FEE IS CALCULATED AS FOLLOWS:                   |                     |   |  |  |  | Basic Fee:                               | \$810.00 |
| Total Claims:   | 4                   | - |  | (highest number previously paid for) = |  | X \$50 =                                 |          |
| Independent Claims:                                     | 1                   | - |  | (highest number previously paid for) = |  | X \$210 =                                |          |
| Correspondence Address:<br><br>23364<br>Customer Number |                     |   |  |  |  | Multiple Dependent Claim (add \$370.00): |          |
|   |                     |   |  |  |  | Subtotal:                                |          |
|   |                     |   |  |  |  | 50% Reduction if Small Entity Status:    |          |
| Phone: 703-683-0500 Fax: 703-683-1080                   |                     |   |  |  |  | Total:                                   |          |
| Date:   | Name:               |   |  | Signature:                             |  | Reg. No.                                 |          |
| Oct. 29, 2007   | Felix J. D'Ambrosio |   |  |  |  | 25,721                                   |          |

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(09Dec04)

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